



Centre for Rural Health Research

rigorous evidence for sustainable health services

RER

Rural Evidence Review

June 2020



Word cloud generated from survey responses related to mental health and substance use.

Rural Citizen-Patient Priorities for Mental Health and Substance Use Care

Findings from the Rural Evidence Review Survey



About the Rural Evidence Review

The Rural Evidence Review (RER) project is a joint initiative between the Centre for Rural Health Research (Department of Family Practice, University of British Columbia) and the Rural Coordination Centre of British Columbia. The RER is funded under Canada's Strategy for Patient-Oriented Research (Canadian Institutes for Health Research). The goal of the project is to work with rural citizens-patients-communities to provide high quality and useful evidence for rural health services planning in British Columbia, Canada. To do this, we: (1) ask rural citizens-patients-communities about the health care priorities that matter the most to them and their communities, (2) review the international evidence on the stated priorities, to learn about best practices from other jurisdictions, and (3) share what we learn with policy- and decision-makers and rural communities across the province.

About the RER Survey

The Rural Evidence Review team developed a brief, anonymous online survey to learn about rural citizen-patient-community priorities for health care in British Columbia. The survey link has been distributed widely through rural community Facebook pages, local community media (newspapers and radio stations), and to municipal councils and chambers of commerce, reaching more than 200 rural and remote communities across the province. As of June 2020, more than 2,000 total survey responses have been received.

This report presents findings from survey data up to July 2019.

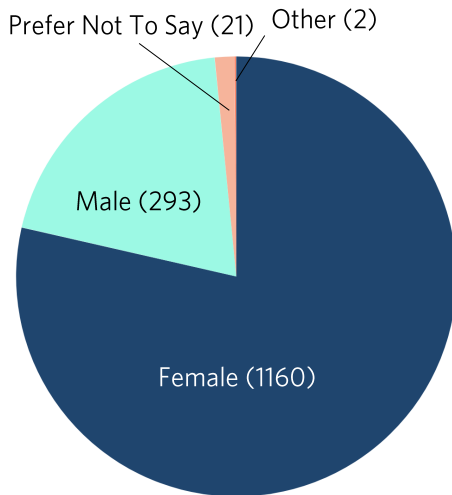
Survey Snapshot

Number of Responses	1476
Number of Communities	211

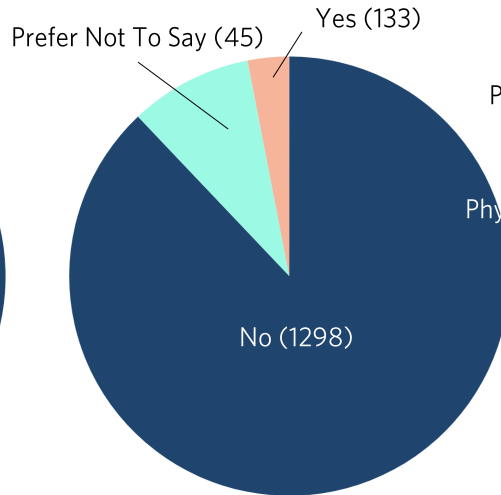
Age of Respondents	
Average	52 Years
Range	16-89 Years

Time Living in the Community	
Average	21.25 Years
Range	1 month — 83 Years

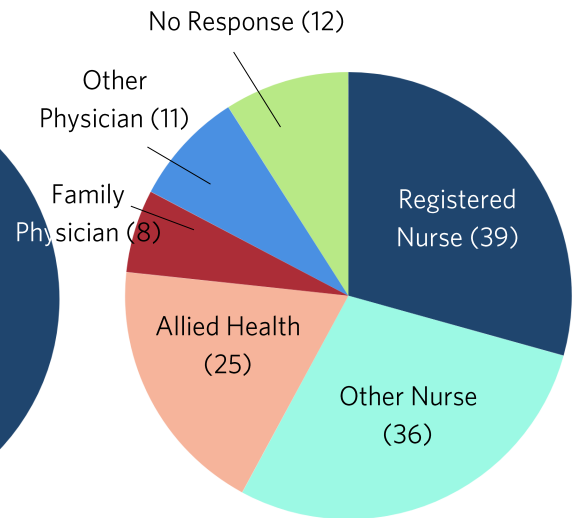
Gender



Are you a paid health care provider?



Provider Type



Priorities for Mental Health and Substance Use

- Mental health and wellness, and problematic substance use were priority health concerns for survey participants.
 - Interestingly, mental health and addictions were frequently listed together as a combined, single issue.
 - Mental health and problematic substance use were described as growing concerns for rural communities across British Columbia.
- Respondents discussed their concerns for mental health and substance use in the contexts of the opioid crisis, homelessness and suicide afflicting rural areas, and the isolation of rural communities from larger centres.

- Participants described a lack of local access to mental health and substance use services in their communities, and emphasized their need for improved access to care.
 - Several participants described the lack of local access to mental health and substance use care as a particular challenge for youth, seniors and homeless populations.
 - Several participants distinguished care that is insured through BC's Medical Services Plan from private care, articulating a need for the former.
 - A number of participants cited particular care types for which local access is needed, including psychiatry and counseling services, emergency mental health care, outreach services, peer support services, education, and wellness initiatives.

"Mental health and addiction I believe is basically non existent. I went to see someone for postpartum depression once, and it was just a nurse who basically handed me a booklet on depression. I needed a counselor, we don't have one."

- Community Member, Tumbler Ridge BC

- For both mental health and substance use services, respondents cited a lack of local qualified providers and inadequate local infrastructure (i.e., treatment facilities) for delivering services.
- Participants cited barriers to accessing care outside of the community, including long travel distances to reach services and long waiting times for care.
- Another barrier to accessing care described involves a lack of anonymity when seeking care in rural and remote communities.

"Mental health is very important but there [are] very sparse services available rural for this, but perceptions of lack of anonymity can prevent outreach when one recognizes there might be a need."

- Community Member, 70 Mile House

Community Solutions for Rural Mental Health and Substance Use

Participants put forward the following recommendations to address and to enhance rural mental health and substance use care:

- Increase the local availability of mental health and substance use services for rural areas, and mitigate barriers to accessing care outside of the community.
- Increase the number of local qualified mental health and substance use professionals.
 - Enhance the recruitment and retention of mental health and substance use professionals to rural areas by offering incentives, financial or otherwise.

- One participant underscored the need to enhance the capacity of providers to address systemic biases.
- Several respondents cited virtual care as a solution for a lack of local services and to address concerns regarding anonymity.
- Participants recommended regular visits to the community by visiting specialist providers to reduce the need for rural residents to travel to access mental health and substance use care.
- Several participants suggested to make available local supportive housing for mental health and substance use patients.